

Varicella Outbreak Reporting Worksheet

Date of Report to CDC: ___/___/___

STATE REPORTING	NAME OF PERSON REPORTING	PHONE	EMAIL	FAX
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Please enter the total number of reported outbreaks for the calendar year in this box

Year of report: _____

If more detailed information about each individual outbreak is available, please enter the information in the table below.

OUTBREAK	DATES OF OUTBREAK	OUTBREAK SETTING (E.G., DAY CARE, ELEMENTARY, MIDDLE, HIGH SCHOOL, ETC)	SIZE OF OUTBREAK (TOTAL # OF CASES)	NUMBER OF CASES IN EACH AGE GROUP				NUMBER OF CASES IN EACH LESION CATEGORY		VACCINATION STATUS OF CASES		VACCINATION COVERAGE IN SETTING		NUMBER OF LABORATORY CONFIRMED CASES IN OUTBREAK						
				<1	1-4	5-9	10-14	15-19	≥20	Unk	≥500	<50	50-249		250-499	≥500	# VAX	# UNVAX	1-DOSE	2-DOSE
1				<1	1-4	5-9	10-14	15-19	≥20	Unk	≥500	<50	50-249	250-499	≥500					
				1-4	5-9	10-14	15-19	≥20	Unk	≥500	<50	50-249	250-499	≥500						
				1-4	5-9	10-14	15-19	≥20	Unk	≥500	<50	50-249	250-499	≥500						
				1-4	5-9	10-14	15-19	≥20	Unk	≥500	<50	50-249	250-499	≥500						
2				<1	1-4	5-9	10-14	15-19	≥20	Unk	≥500	<50	50-249	250-499	≥500					
				1-4	5-9	10-14	15-19	≥20	Unk	≥500	<50	50-249	250-499	≥500						
				1-4	5-9	10-14	15-19	≥20	Unk	≥500	<50	50-249	250-499	≥500						
				1-4	5-9	10-14	15-19	≥20	Unk	≥500	<50	50-249	250-499	≥500						
3				<1	1-4	5-9	10-14	15-19	≥20	Unk	≥500	<50	50-249	250-499	≥500					
				1-4	5-9	10-14	15-19	≥20	Unk	≥500	<50	50-249	250-499	≥500						
				1-4	5-9	10-14	15-19	≥20	Unk	≥500	<50	50-249	250-499	≥500						
				1-4	5-9	10-14	15-19	≥20	Unk	≥500	<50	50-249	250-499	≥500						
4				<1	1-4	5-9	10-14	15-19	≥20	Unk	≥500	<50	50-249	250-499	≥500					
				1-4	5-9	10-14	15-19	≥20	Unk	≥500	<50	50-249	250-499	≥500						
				1-4	5-9	10-14	15-19	≥20	Unk	≥500	<50	50-249	250-499	≥500						
				1-4	5-9	10-14	15-19	≥20	Unk	≥500	<50	50-249	250-499	≥500						
5				<1	1-4	5-9	10-14	15-19	≥20	Unk	≥500	<50	50-249	250-499	≥500					
				1-4	5-9	10-14	15-19	≥20	Unk	≥500	<50	50-249	250-499	≥500						
				1-4	5-9	10-14	15-19	≥20	Unk	≥500	<50	50-249	250-499	≥500						
				1-4	5-9	10-14	15-19	≥20	Unk	≥500	<50	50-249	250-499	≥500						
6				<1	1-4	5-9	10-14	15-19	≥20	Unk	≥500	<50	50-249	250-499	≥500					
				1-4	5-9	10-14	15-19	≥20	Unk	≥500	<50	50-249	250-499	≥500						
				1-4	5-9	10-14	15-19	≥20	Unk	≥500	<50	50-249	250-499	≥500						
				1-4	5-9	10-14	15-19	≥20	Unk	≥500	<50	50-249	250-499	≥500						
7				<1	1-4	5-9	10-14	15-19	≥20	Unk	≥500	<50	50-249	250-499	≥500					
				1-4	5-9	10-14	15-19	≥20	Unk	≥500	<50	50-249	250-499	≥500						
				1-4	5-9	10-14	15-19	≥20	Unk	≥500	<50	50-249	250-499	≥500						
				1-4	5-9	10-14	15-19	≥20	Unk	≥500	<50	50-249	250-499	≥500						

Please email or fax this form annually to Adriana Lopez at CDC: alopez@cdc.gov or 404-639-8665

****PLEASE NOTE: Minimum information requested for reporting is total number of outbreaks per year****